Department of Health and Human Services

Information Technology Plan

For 2014-2016 Biennium

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Contents

1 INTRODUCTION

1.1 PURPOSE

The purpose of this document is to provide agency data for the Information Technology Plan for the 2014-2016 Biennium to the North Carolina State Chief Information Officer (SCIO) as required by G.S. 147-33.72B. The statute mandates that each agency submit a technology plan to the SCIO by October 1 of each even-numbered year. The State Information Technology Plan (Plan) is required to cover a five-year time period. To properly inform the Plan, agency plans are also required to cover a five-year time period.

1.2 ROADMAP

Goal	Objective	Initiative	Description	Funding Mechanism
Goal 1 – In partnership with DHHS business units, ensure that the Department's business needs and strategies are driving technology decisions.	Objective 1.1 – Leverage IT to support business process improvement.	Initiative 1.1.1 – North Carolina Families Accessing Services through Technology (NC FAST)	Implement a highly integrated case management system across all service and benefit programs, replacing 19 legacy systems.	Federal and state funds, expansion budget request
		Initiative 1.1.2 – DHHS Business Electronic Access Management (BEAM)	Implement a comprehensive and integrated disabilities client management solution that includes authorization and invoice processing and meets the requirements of the Rehabilitation Services Administration.	Federal funds and receipts
		Initiative 1.1.3 – Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standards Compliance	Compliance by covered entities with federal standards for transactions, identifiers, privacy and security.	Federal and state funds

Goal	Objective	Initiative	Description	Funding Mechanism
		Initiative 1.1.4 – Quality Improvement and Risk Prevention	Replace the legacy Patient Incident Management system used by the state operated psychiatric hospitals.	State funds
		Initiative 1.1.5 – VieBridge Home and Community Based Services (HCBS)	Centralize the administrative functions of multiple HCBS programs and facilitate required quality improvement.	Federal and state funds
		Initiative 1.1.6 – Workforce Online Reporting and Knowledge System (WORKS)	Streamline and modernize the child care teacher education evaluation, background check processing, tracking and notification process.	Federal grant and state funds
		Initiative 1.1.7 – Division of Health Service Regulation (DHSR) Business Process Automation System (BPAS)	Implement an IT solution that will support the DHSR business functions as well as critical processes within several business areas of Medicaid.	Federal and state funds
		Initiative 1.1.8 – Division of Public Health (DPH) Meaningful Use	Implement federal requirements to adopt, implement, or upgrade to a certified EHR technology and demonstrate meaningful use of that technology.	Federal and state funds, expansion budget requests
		Initiative 1.1.9 – HIV Out of Care (OOC) Database	Build database from various data sources to identify individuals with HIV that are no longer receiving treatment.	Federal grants

Goal	Objective	Initiative	Description	Funding Mechanism
		Initiative 1.1.10 – DPH Office of the Chief Medical Examiner (OCME) System Upgrade	Upgrade the information system used by the OCME to more modern technology and simplify business processes.	Expansion budget request
		Initiative 1.1.11 – Vital Records Automation	Automate the manual death registration and reporting process.	State funds, expansion budget request
Goal 2 – Continue to streamline and modernize the delivery of IT functions, services and solutions as well as leveraging state enterprise IT offerings as applicable.	Objective 2.1 – Maximize adoption of new technologies.	Initiative 2.1.1 – NC FAST	Implement a highly integrated case management system across all service and benefit programs, replacing 19 legacy systems.	Federal and state funds, expansion budget requests
		Initiative 2.1.2 – BEAM	Implement a comprehensive and integrated disabilities client management solution that includes authorization and invoice processing and meets the requirements of the Rehabilitation Services Administration.	Federal funds and receipts
		Initiative 2.1.3 – Quality Improvement and Risk Prevention	Replace the legacy Patient Incident Management system used by the state operated psychiatric hospitals.	State funds
		Initiative 2.1.4 – WORKS	Streamline and modernize the child care teacher education evaluation, background check processing, tracking and notification process.	Federal grant and state funds

Goal	Objective	Initiative	Description	Funding Mechanism
		Initiative 2.1.5 – DHSR BPAS	Implement an IT solution that will support the DHSR business functions as well as critical processes within several business areas of Medicaid.	Federal and state funds
		Initiative 2.1.6 – LTC Employee Criminal Record Background Check System	Automate criminal records background check process used by long-term care facilities to screen prospective employees.	Federal grants
		Initiative 2.1.7 – HIV OOC Database	Build database from various data sources to identify individuals with HIV that are no longer receiving treatment.	Federal grants
		Initiative 2.1.8 – DPH OCME System Upgrade	Upgrade the information system used by the OCME to more modern technology and simplify business processes.	Expansion budget request
		Initiative 2.1.9 – Vital Records Automation	Automate the manual death registration and reporting process.	State funds, expansion budget request
		Initiative 2.1.10 – Division of Medical Assistance (DMA) Data Governance	Implement a data governance strategy and structure for the Division of Medical Assistance.	Federal and state funds, expansion budget requests
		Initiative 2.1.11 – DMA Business Intelligence Infrastructure	Improve data management, data reporting and analytics support to the division, Department and external stakeholders.	Federal and state funds, expansion budget requests

Goal	Objective	Initiative	Description	Funding Mechanism
		Initiative 2.1.12 – Modernize Underlying Technology for Critical Software Applications	Uplift technology used to develop and support critical software applications.	State funds, expansion budget requests
		Initiative 2.1.13 – Onboarding to Statewide Service Offerings	Use state enterprise offerings instead of maintain standalone solutions at the agency level.	State funds, expansion budget requests
	Objective 2.2 – Expand or upgrade IT infrastructure.	Initiative 2.2.1 – DHHS IT Infrastructure Installation and Upgrades	Expansion, upgrading and replacement of DHHS' information technology infrastructure.	State funds, expansion budget requests
		Initiative 2.2.2 – Onboarding to Statewide Service Offerings	Use state enterprise offerings instead of maintain standalone solutions at the agency level.	State funds, expansion budget requests
Goal 3 – Maximize cost avoidance by providing cost effective technical solutions, eliminating redundancy and implementing an enterprise approach to IT solutions across the Department.	Objective 3.1 – Leverage IT to support business process improvement.	Initiative 3.1.1 – NC FAST	Implement a highly integrated case management system across all service and benefit programs, replacing 19 legacy systems.	Federal and state funds, expansion budget requests
		Initiative 3.1.2 – BEAM	Implement a comprehensive and integrated disabilities client management solution that includes authorization and invoice processing and meets the requirements of the Rehabilitation Services Administration.	Federal funds and receipts

Goal	Objective	Initiative	Description	Funding Mechanism
		Initiative 3.1.3 – Division of State Operated Healthcare Facilities (DSOHF) Automated Timekeeping System in State Facilities	Establish an automated timekeeping system in state operated healthcare facilities.	State funds
		Initiative 3.1.4 – State Operated Facilities Electronic Health Record/Electronic Medical Record (EHR/EMR) – Veterans Health Information Systems and Technology Architecture (VistA)	Implement a health information system that will interoperate with the division's existing patient tracking system to serve as the electronic health record/electronic medical record for the DHHS state operated facilities.	State funds
		Initiative 3.1.5 – Quality Improvement and Risk Prevention	Replace the legacy Patient Incident Management system used by the state operated psychiatric hospitals.	State funds
		Initiative 3.1.6 – WORKS	Streamline and modernize the child care teacher education evaluation, background check processing, tracking and notification process.	Federal grant
		Initiative 3.1.7 – DHSR BPAS	Implement an IT solution that will support the DHSR business functions as well as critical processes within several business areas of Medicaid.	Federal and state funds, expansion budget request

Goal	Objective	Initiative	Description	Funding Mechanism
		Initiative 3.1.8 – DMA Data Governance	Implement a data governance strategy and structure for the Division of Medical Assistance.	Federal and state funds, expansion budget requests

2 DHHS IT PLAN EXECUTIVE SUMMARY

2.1 OVERVIEW

The North Carolina Department of Health and Human Services (DHHS) is the principal agency for protecting the health and well-being of all North Carolinians by enabling individuals, families and communities to be healthy, safe, and live more productive lives.

This Biennium IT Plan for 2014-2016 outlines the key technology initiatives needed to address the pressing business challenges and to modernize the technology that currently supports the Department's business programs. This IT plan encompasses the efforts of all DHHS divisions and offices.

2.2 IT GOALS, OBJECTIVES, INITIATIVES, AND PROJECTS

This plan presents information about DHHS IT initiatives in the context of the following IT goals and IT objectives:

- GOAL 1: In partnership with DHHS business units, ensure that the Department's business needs and strategies are driving technology decisions.
    - o Objective 1: Leverage IT to support business process improvement.
- GOAL 2: Continue to streamline and modernize the delivery of IT functions, services and solutions as well as leveraging state enterprise IT offerings as applicable.
    - o Objective 1: Maximize adoption of new technologies.
    - o Objective 2: Expand or upgrade IT infrastructure.
- GOAL 3: Maximize cost avoidance by providing cost-effective technical solutions, eliminating redundancy and implementing an enterprise approach to IT solutions across the Department.
    - o Objective 1: Leverage IT to support business process improvement.

The IT goals and objectives were formed to support the agency business goals and drivers.

The key DHHS IT initiatives are:

- North Carolina Families Accessing Services through Technology (NC FAST)
- DHHS Business Electronic Access Management (BEAM)
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standards Compliance – ICD-10 Compliance
- DSOHF (Division of State Operated Healthcare Facilities) Automated Timekeeping System in State Facilities

- State Operated Facilities Electronic Health Record/Electronic Medical Record (EHR/EMR) – Veterans Health Information Systems and Technology Architecture (VistA)
- Quality Improvement and Risk Prevention
- VieBridge Home and Community Based Services (HCBS)
- Workforce Online Reporting and Knowledge System (WORKS)
- Division of Health Service Regulation (DHSR) Business Process Automation System (BPAS)
- Long-Term Care (LTC) Employee Criminal Record Background Check System
- Division of Public Health (DPH) Meaningful Use
- HIV Out of Care (OOC) Database
- DPH Office of the Chief Medical Examiner (OCME) System Upgrade
- Vital Records Automation
- Division of Medical Assistance (DMA) Data Governance
- DMA Business Intelligence Infrastructure
- Modernize Underlying Technology for Critical Software Applications
- DHHS IT Infrastructure Installation and Upgrades
- Onboarding to Statewide Service Offerings

Appendix A provides list of active major DHHS IT projects costing more than $250,000 that are in progress or are currently planned for the upcoming biennium.

2.3 ADDITIONAL AGENCY REQUIREMENTS

Like many state agencies, funding for the Department's IT initiatives is limited. DHHS will continue to work with state and federal partners to identify ways to maximize federal funding streams.

DHHS sees possibilities for leveraging enterprise technology to conduct background checks, case management, multi-factor authentication, telemedicine, and document management at the state level. The Department also looks forward to opportunities to continue leveraging and participation in statewide IT initiatives.

3 GUIDANCE

3.1 SCIO GUIDANCE

IT Vision

Making government services more accessible and efficient for all consumers is the foundation of the One IT strategy.

IT Mission

Promoting a stronger North Carolina that connects citizens, businesses, education, and government is the mission of IT.

IT Strategies

Strategies focus organizations to achieve complicated goals or objectives. With an eye to the future while sustaining current foundational requirements, the SCIO has adopted the "ABC" strategy to fix and modernize IT.
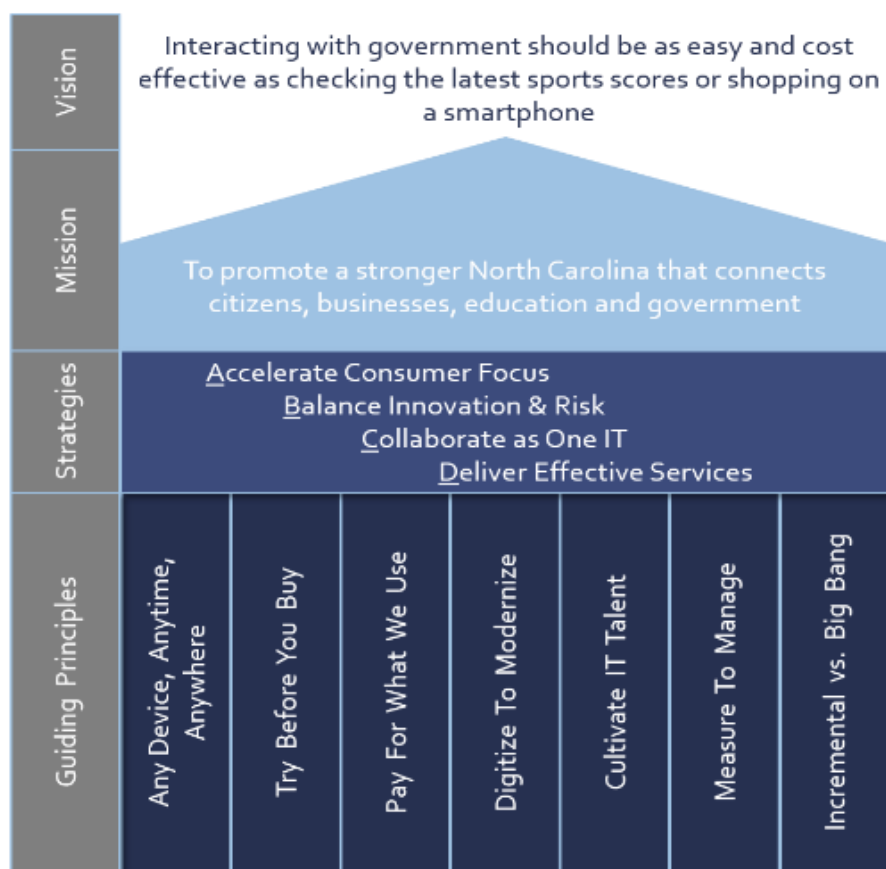
IT Vision, Mission, and Strategies

	Strategy	Intended to:
A.	Accelerate Consumer Focus	Embrace the consumerization of IT with a focus on the requirements of the consumer of technology
B.	Balance Innovation and Risk	Try newer technologies while managing enterprise risk
C.	Collaborate as One IT	Work as a team to accomplish our mission
D.	Deliver Effective Operations	Focus on achieving business outcomes through effective and efficient technology delivery

In addition to the seven guiding principles outlined above, the SCIO's Cabinet Unite IT Strategy focuses strongly on collaborative IT governance, big data and analytics (to include, but not limited to, work with GDAC and GIS), IT operations, and innovation.

The table below outlines the six IT business capabilities and five IT organizational capabilities highlighted in the Cabinet Unite IT Strategy.

Business Capabilities	Organizational Capabilities
Digital Focus	Collaborative IT Governance
Big Data and Analytics	Strategic Planning and Architecture
Enterprise Resource Planning	IT Program and Project Management
Application and Service Modernization	Innovation
Risk Management and Security	Talent Development and Management
IT Operations	

Please consider these areas, along with the seven guiding principles and your agency-specific goals and objectives when creating agency IT goals and objectives.

4 DHHS VISION, MISSION, VALUES AND GOALS

4.1 OVERVIEW

DHHS is embarking on a management and cultural transformation designed to move the Department from a silo approach in the delivery and management of services to a collaborative, accountable and results-based organization.

4.2 VISION

All North Carolinians will enjoy optimal health and well-being.

4.3 MISSION

The North Carolina Department of Health and Human Services, in collaboration with its partners, protects the health and safety of all North Carolinians and provides essential human services.

4.4 VALUES

When all DHHS employees adhere to the following values, all North Carolinians will view DHHS as the best managed agency in state government.

- **Customer-focused.** North Carolinians are the center of our service design and delivery, and allocation of human and fiscal resources.

- **Anticipatory.** DHHS uses feedback from our customers and partners on all levels — national, state and local — to guide our thinking, planning, policies and practices.

- **Collaborative.** DHHS values internal and external partnerships.

- **Transparent.** DHHS shares information, planning and decision-making processes and communicates openly with its customers and partners.

- **Results-oriented.** DHHS emphasizes accountability and measures its work by the highest standards.

4.5 AGENCY GOALS AND BUSINESS DRIVERS

4.5.1 Agency Goals

Under the leadership of Secretary Aldona Z. Wos, the long-term goal for DHHS is:

- To lead the Department on a sustainable path that better serves all North Carolina residents, both those who utilize our services and the taxpayers.

This is supported by the following departmental goals stated in the current DHHS Strategic Plan:

- **Goal 1:** Manage resources to provide effective and efficient delivery of services to North Carolinians.

- **Goal 2:** Expand awareness, understanding and use of information to enhance the health and safety of North Carolinians.

- **Goal 3**: Provide outreach, support and services to individuals and families identified as being at risk of compromised health and safety to eliminate or reduce those risks.

- **Goal 4:** Provide services and supports to individuals and families experiencing health and safety needs to assist them in living successfully in the community.

- **Goal 5:** Provide services and protection to individuals and families experiencing serious health and safety needs that are not, at least temporarily, able to assist themselves with the goal of helping them return to independent, community living.

4.5.2 Agency Business Drivers

DHHS has also identified the following business drivers:

- DHHS will employ an enterprise-wide approach in the design and delivery of programs and services for the ultimate benefit of North Carolina residents by:
  o Implementing evidence-based practices with an emphasis on prevention.
  o Providing seamless access to an array of services that are locally available, client and family centric, and outcome-oriented.
  o Utilizing program funds in a flexible manner that is responsive to changing needs, maximizes outcomes and meets state and federal requirements.
  o Ensuring access to services by people with disabilities and those who may have special needs relating to language, culture or ethnicity.

- DHHS will sustain a culture of continuous improvement by:

    o Identifying and implementing best practices and measuring for results.

    o Empowering decision makers.

    o Sustaining a high performance workforce.

    o Providing tools to enable decision making.

- DHHS business needs will drive operational decisions and resource allocation by:

    o Maximizing the use of human, technological and financial resources to enable business activities through coordinated planning processes.

- DHHS will leverage resources to achieve operational efficiencies by:

    o Streamlining business processes.

    o Implementing process improvement prior to automation.

    o Enhancing access and transparency of information.

    o Identifying opportunities for cost avoidance, savings and recovery.

    o Ensuring the continuity, reliability and security of data and support systems.

- DHHS will enhance internal and external communications and marketing efforts to continue our focus on customer service by:

    o Analyzing complaints and call center data to shorten response times and improve programs and services.

    o Applying technology and best business practices to improve the ways in which we collect, share, analyze and use information from stakeholders and consumers.

    o Targeting messages to the public about DHHS programs and services and their impact on the quality of life in North Carolina.

    o Supporting the tools, processes, and resources necessary to inform and connect a large, diverse and geographically dispersed workforce.

5 DHHS IT VISION, MISSION, AND VALUES

5.1 IT VISION

Support DHHS' commitment to provide nationally recognized quality services to the people of North Carolina through efficient, secure and reliable service delivery through information technology.

5.2 IT MISSION

DHHS IT is dedicated to provide enterprise information technology leadership to integrate and support innovative technologies to help the Department and its partners achieve their goals, while effectively leveraging technology resulting ultimately in the delivery of consistent, cost-effective, reliable, accessible and secure services for all North Carolina residents.

5.3 IT VALUES

The DHHS CIO has identified the following IT values:

- **Collaborative and transparent** – DHHS IT values internal and external partnerships; shares information, planning and decision-making processes; and communicates openly with its customers and partners.
- **Strategically focused across the enterprise** – DHHS IT considers business needs and external partners across the Department when developing and supporting IT solutions.
- **Results oriented** – DHHS IT emphasizes accountability and measures its work by the industry-accepted standards.
- **Diligent planning and implementation of all IT solutions** – DHHS IT ensures the success of its IT initiatives by using consistent and thorough processes to initiate, manage and deliver IT solutions.
- **Innovative business IT solutions** – DHHS IT leverages new and proven technology and approaches to provide IT solutions that meet business needs.

To support these IT values, the Department is continuing to expand, streamline and strengthen its IT management discipline via its CIO Leadership Team to ensure adequate oversight and delivery of IT technology and services.

6 DHHS IT GOALS, OBJECTIVES AND INITIATIVES

6.1 GOAL 1

In partnership with DHHS business units, ensure that the Department's business needs and strategies are driving technology decisions.

6.1.1 Objective 1

Leverage IT to support business process improvement.

6.1.1.1 Initiative 1 - North Carolina Families Accessing Services through Technology (NC FAST)

The NC FAST initiative meets DHHS IT Goal 1, IT Objective 1; DHHS IT Goal 2, IT Objective 1; and DHHS IT Goal 3, Objective 1. NC FAST is designed to improve the way DHHS and the county social services agencies provide benefits and services to N.C. residents, thereby improving the ability to deliver efficient operations. Benefits and services encompass the following mandated programs: Child Welfare, Adult and Family Services, Food and Nutrition Services, Energy Assistance, Medicaid, Work First, Special Assistance, Refugee Assistance, and Child Care. The state requires a highly integrated case management system across service and benefit programs to pull together today's islands of information into a single-solution system and provide functionality that does not exist today. Integrating these programs into a single solution that replaces 19 legacy applications accelerates consumer orientation and requires not only a balance of innovation and risk, but collaboration among various business and IT organizations.

Implementation of NC FAST has required the separate procurement of software and integration services, as well as independent validation and verification (IV&V) services. The solution is being hosted at the Office of Information Technology Services (OITS) and required the procurement of servers.

The Total Cost of Ownership (TCO) for the initiative is $526,004,580. The initiative will be funded through federal and state funding, including expansion budget requests.

The following projects are active for the NC FAST initiative:

- NC FAST Case Management (CM) Program Level Project
- NC FAST – CM Medicaid P2 & P6 (Eligibility Information System (EIS) Replacement)
- NC FAST – Project 7 – Federal Facilitated Exchange Interoperability

6.1.1.2 Initiative 2 – DHHS Business Electronic Access Management (BEAM)

The BEAM initiative meets DHHS IT Goal 1, IT Objective 1; DHHS IT Goal 2, IT Objective 1; and DHHS IT Goal 3, Objective 1. BEAM will implement a web-accessible client data and case management solution, along with related optional technical, operational, and maintenance support services, to replace legacy systems used by the Divisions of Services for the Blind (DSB), Vocational Rehabilitation Services (DVRS), and Services for the Deaf and Hard of Hearing (DSDHH). To accelerate consumer orientation and deliver efficient operations, DHHS is seeking a comprehensive and integrated disabilities client management solution that includes authorization and invoice

processing, and is compliant with federal Rehabilitation Services Administration (RSA) and other requirements. Implementing a solution that addresses the needs of separate business programs requires collaboration among various DHHS divisions.

Implementation of BEAM has required the procurement of software with integration and operations and maintenance (O&M) services. The solution is being hosted OITS and required the procurement of servers. The current solution delivered addresses DVRS and DSB requirements. The DHHS Project Management Office (PMO) is currently working with DSDHH to plan addressing the division's business requirements.

The current TCO for the BEAM initiative is $11,112,021. Funding is through federal funds and receipts.

6.1.1.3 Initiative 3 – Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standards Compliance

The HIPAA Standards Compliance initiative meets DHHS IT Goal 1, Objective 1. DHHS has designated portions, or components, of the agency as HIPAA covered entities in that the area meets the HIPAA definition of a health care provider, health plan, or health care clearinghouse. As such, these covered components must maintain compliance with all transaction, code set, identifier, privacy, and security standards set by the U.S. Department of Health and Human Services (HHS). The Affordable Care Act (ACA) made further adjustments to the requirements the HIPAA standards must meet. In addition to modified privacy and security standards, all DHHS programs that submit or process medical claims must remediate (i.e., enhance) their systems to meet the following new standards:

- ICD-10 diagnosis and procedure codes – This project is targeted for completion October 2015. The TCO for this initiative is projected to be approximately $20,215,995; funding is through federal and state funds.

Downstream applications/systems may also be impacted by these new standards, and will be modified accordingly.

6.1.1.4 Initiative 4 – Quality Improvement and Risk Prevention

The Quality Improvement and Risk Prevention initiative DHHS IT Goal 1, IT Objective 1; DHHS IT Goal 2, IT Objective 1; and DHHS IT Goal 3, Objective 1. The purpose of this initiative is to replace the current Quantros Patient Incident Management system and implement a quality improvement, performance improvement, and risk management automated system that will support the needs of the state operated psychiatric hospitals. The current system does not meet the behavioral health requirements that the psychiatric hospitals require as the software was designed for acute care hospitals. The Division of State Operated Healthcare Facilities (DSOHF) is considering a product that will meet all requirements and be able to handle the volume of work generated in the environment.

The expected outcome is a standardized patient safety and incident monitoring system that meets the national best practices for these areas. The success criteria is improved incident monitoring and patient safety.

This initiative is in the initial planning stages; TCO is to be determined.

6.1.1.5 Initiative 5 – VieBridge Home and Community Based Services (HCBS)

The VieBridge HCBS initiative meets DHHS IT Goal 1, IT Objective 1, and is related to the prior biennium initiative for Independent Assessment (IA), which is scheduled to be complete June 30, 2015. The goal of this initiative is to transfer the day-to-day administrative functions of two 1915(c) Home and Community Based Waivers, Community Alternatives Programs for Disabled Adults (CAP/DA) and Children (CAP/C), to VieBridge, Inc. The initiative also enhances the e-CAP application to include complete functionality to support disabled adults under the CAP/DA program. Federal Medicaid regulations of 1915 (c) HCBS Waiver Programs mandate that states have quality improvement systems in place to measure and continuously improve performance in meeting the six waiver assurances set forth in 42 CFR 444.301 and 441.302 to ensure patient rights; to establish person-centered planning; and to maintain beneficiary's records.

The TCO for this initiative is projected to be approximately $5,371,513. This effort will be funded through federal and state funds.

6.1.1.6 Initiative 6 – Workforce Online Reporting and Knowledge System (WORKS)

This initiative meets DHHS IT Goal 1, IT Objective 1; DHHS IT Goal 2, IT Objective 1; and DHHS IT Goal 3, Objective 1. WORKS will streamline and modernize the child care teacher education evaluation, background check processing, tracking, and notification process, increasing the efficiency with which division staff can process applications, facilitate teacher hiring and clear licensing requirements. The initiative will develop three technical components: a public portal; replacement for the legacy Early Childhood Workforce (ECW) system; and interfaces between the portal, new ECW and existing DCDEE systems.

The expected outcomes for the initiative are a modernized and automated business processes that reduces processing time and error rates; increases staff output and availability for other tasks; automates communications/data exchange with external stakeholders; and improves decision-making through availability of streamlined and better data.

The success criteria for the effort are reduced creation of paper files, increased creation of electronic files and a reduction of paper files, and quicker turnaround time for education qualification and criminal record checks.

The division has $750, 000 budgeted for the initiative, which is scheduled to be completed December 2015. DCDEE will leverage federal grant funding to both fulfill goals written into the original grant and accelerate reforms already in motion before the grant was awarded. The division will utilize projected cost savings and additional resources to support ongoing support and maintenance after this date.

6.1.1.7 Initiative 7 – Division of Health Service Regulation (DHSR) Business Process Automation System (BPAS)

The BPAS initiative meets DHHS IT Goal 1, IT Objective 1; DHHS IT Goal 2, IT Objective 1; and DHHS IT Goal 3, Objective 1. The goal of the BPAS initiative is to implement and operate an IT solution that will support the allocation, approval, licensing

and inspections of health facilities, services and equipment within North Carolina. The initiative will replace mission critical databases that are currently using technology are nearing end of life/end of support. The resulting IT solution will support business functions performed by DHSR, as well as critical processes within several Medicaid business areas.

The expected outcome is for DHSR staff to be able to perform their job duties more effectively and efficiently utilizing new technology.

The IT solution is projected to be complete in 2016, and will be funded by some funds left over from the initial development project (i.e., under the Replacement NCMMIS+ Program) and expansion budget requests.

6.1.1.8   Initiative 8 – DPH Meaningful Use

The DPH Meaningful Use initiative meets DHHS IT Goal 1, IT Objective 1. The goal of this initiative is implement the federal meaningful use requirements as stated in the American Recovery and Reinvestment Act of 2009 (ARRA). Per ARRA, eligible professionals, eligible hospitals, and critical access hospitals are encouraged by the N.C. Medicaid EHR Incentive Program to adopt, implement, or upgrade to a certified EHR technology, and then to demonstrate meaningful use of that technology.

ARRA specifies three main components of meaningful use:

1. The use of certified EHR in a meaningful manner, such as e-prescribing.
2. The use of certified EHR technology for electronic exchange of health information to improve quality of health care.
3. The use of certified EHR technology to submit clinical quality and other measures.

This initiative will implement changes to a number of IT systems used by DPH for compliance with Stage 1 and 2 of meaningful use requirements. Efforts that are part of this initiative will include modification of the Health Information System (HIS), the North Carolina Immunization Registry (NCIR), and Electronic Laboratory Reporting, as well as smaller efforts. Compliance with the federal mandate is necessary to receive full payment allowed by the Centers for Medicare and Medicaid Services (CMS), or penalties will be incurred (for Medicare providers only). Implementation of an EHR will reduce the burden on local health Departments to produce a patient medical record (i.e., disclosure of medical record as required by HIPAA).

Meaningful use activities are integral to the initiatives undertaken by the DHHS Office of Health Information Technology (HIT) and the North Carolina Health Information Exchange (NCHIE) effort to promote access to, exchange of, and analysis of health care information.

The efforts associated with this initiative will be funded through expansion budget requests. Federal funding for HIT will be leveraged where possible.

6.1.1.9   Initiative 9 – HIV Out of Care (OOC) Database

The HIV OOC Database initiative meets DHHS IT Goal 1, IT Objective 1 and DHHS IT Goal 2, IT Objective 1. The database resulting from this initiative would enable the state to better quantify the total number of people living with HIV disease in North Carolina who are no longer receiving treatment. This information would be utilized to locate and re-engage these individuals in care. The HIV OOC Database will merge elements from existing four databases to create a near real-time database that will enable DPH surveillance staff to determine who has fallen out of care and in order for field staff to re-engage these individuals and return them to treatment. The long-term plan is for the database to be integrated into the DHHS Client Services Data Warehouse (CSDW).

The TCO for this initiative is $637,741. Integration with the DHHS CSDW may result in additional costs, to be negotiated as part of a contract amendment with the vendor that provides support for the DHHS CSDW. The effort will be funded by two federal grants.

6.1.1.10   Initiative 10 – DPH Office of the Chief Medical Examiner (OCME) System Upgrade

The DPH OCME System Upgrade initiative meets DHHS IT Goal 1, IT Objective 1 and DHHS IT Goal 2, IT Objective 1. The goal of this initiative is to upgrade the software used by the OCME (i.e., the Medical Examiner Information System (MEIS)) to more modern technology. The upgraded system will provide robust access from anywhere and simplify billing accounts payable and receivable methods.

This initiative is in the early stages of planning; TCO is to be determined. The effort would be funded through an expansion budget request.

6.1.1.11   Initiative 11 – Vital Records Automation

The Vital Records Automation initiative meets DHHS IT Goal 1, IT Objective 1 and DHHS IT Goal 2, IT Objective 1. North Carolina will provide new automation and improve existing IT systems for the Vital Records Unit in the Division of Public Health. The current project planned is implement a statewide Electronic Death Registration System (EDRS). The goals of the EDRS are to comply with federal requirements and to eliminate the current cumbersome, manual death registration process. The current paper-based process does not provide accurate or timely issuance of a death certificate for citizens and county officials, or the reporting of death data.

This initiative is in the early stages of planning. The effort would be funded through state funds and a possible expansion budget request. Opportunities for federal grant funding will also be investigated.

6.2 GOAL 2

Continue to streamline and modernize the delivery of IT functions, services and solutions as well as leveraging state enterprise IT offerings as applicable.

6.2.1 Objective 1

Maximize adoption of new technologies.

6.2.1.1 Initiative 1 – NC FAST
See Section 6.1.1.1 for details about this initiative.

6.2.1.2 Initiative 2 – DHHS Business Electronic Access Management
See Section 6.1.1.2 for more details about this initiative.

6.2.1.3 Initiative 3 – Quality Improvement and Risk Prevention
See Section 6.1.1.4 for more details about this initiative.

6.2.1.4 Initiative 4 – Workforce Online Reporting and Knowledge System
See Section 6.1.1.6 for more details about this initiative.

6.2.1.5 Initiative 5 – DHSR Business Process Automation System
See Section 6.1.1.7 for more details about this initiative.

6.2.1.6 Initiative 6 – Long-Term Care (LTC) Employee Criminal Record Background Check System
The LTC Employee Criminal Record Background Check System initiative meets DHHS IT Goal 1, IT Objective 1. The goal of initiative is to automate the process used by long-term healthcare providers to request a criminal records background check prior to hiring a new healthcare worker at their facility. Implementation is scheduled for completion by July 2015.

The development of the automated system by a national contractor has been funded through a technical assistance grant from CMS. This includes funding for configuring the system to meet North Carolina's needs. The ongoing maintenance and support will be funded by a separate CMS grant awarded to N.C. DHHS to establish the criminal background check program in the state.

This initiative is in the initial planning stages; TCO is to be determined.

6.2.1.7 Initiative 7 – HIV Out of Care Database
See Section 6.1.1.9 for more details about this initiative.

6.2.1.8 Initiative 8 – DPH Office of the Chief Medical Examiner System Upgrade
See Section 6.1.1.10 for more details about this initiative.

6.2.1.9 Initiative 9 – Vital Records Automation
See Section 6.1.1.11 for more details about this initiative.

6.2.1.10 Initiative 10 – Division of Medical Assistance (DMA) Data Governance
The DMA Data Governance initiative meets DHHS IT Goal 2, IT Objective 1 and DHHS IT Goal 3, Objective 1. This initiative will implement a data governance strategy, including the tools and resources necessary to manage, control and audit the governance process. Specific tools could include data quality auditing, validations, control reporting and change control for division metadata and business intelligence (BI) applications and reports.

Anticipated benefits and outcomes include:

- Reduction in data hurdles and roadblocks due to data quality issues.
- Establishment and use of standard processes, data definitions and standards.
- Controls and audit in place for BI processes and division data.

This initiative is in the early stages of planning; TCO is to be determined. The effort would be funded through federal and state funds, including expansion budget requests.

6.2.1.11   Initiative 11 – DMA Business Intelligence Infrastructure

The DMA BI Infrastructure initiative meets DHHS IT Goal 2, IT Objective 1. This initiative will implement a BI infrastructure and processes to improve Medicaid data management, data reporting and analytics support to the Division of Medical Assistance, DHHS, and external stakeholders. Components of this initiative will include:

- Implementation of a reporting repository including archival and dissemination processes.
- Automation of routine and ongoing data feeds and reporting to staff, external and internal vendors, state agencies, and regulatory bodies.
- Development of BI management and access processes, including tools to log, manage and track data requests from/recurring reporting to internal and external parties.

Expected outcomes include reduced cycle times, and increased data availability and reliability from BI.

This initiative is in the early stages of planning; TCO is to be determined. The effort would be funded through federal and state funds, including expansion budget requests.

6.2.1.12   Initiative 12 – Modernize Underlying Technology for Critical Software Applications

This initiative meets DHHS IT Goal 2, IT Objective 1. The purpose of this initiative is to keep the underlying technology used by software applications modern. This ongoing initiative requires continual funding to provide continuity, reliability, and security of DHHS data and applications. Specific development tools that were used to create software applications used by the Department have reached or are nearing their end of life. An example of this is Microsoft FoxPro that will no longer be supported as of January 2015. At other times, it is a specific version of the development tool that is no longer supported by the vendor and the application must be "uplifted" to the latest version of the tool. When a vendor stops supporting a development tool or software version, the tool must be removed from the state network or software upgraded to reduce the risk of security vulnerabilities. However, without the tool/software, the applications that were built using that tool cannot be maintained or enhanced.

Moving application functionality to mobile applications is also a priority for a number of business areas such as the Division of Child Development and Early Education (DCDEE).

Another component of this initiative is to migrate hosting of the few critical applications from the Department to a state data center managed by the Office of Information Technology Services (OITS). Production environments will be migrated first, followed by migration of associated development and testing environments as funding allows.

Costs associated with these efforts include staffing and the cost of obtaining the newer version of or replacement for the related tool/technology. Moving applications hosted by DHHS to OITS hosting will also result in additional charges.

The funding mechanism will be determined by the application modernized. The initiative will be staffed using existing staff resources supplemented by contract staff where funding is available.

The expected outcome and success criteria for this initiative are that modern development tools are used and kept up to date without the need to request security deviations. This initiative is ongoing as part of operational maintenance for supported critical software applications.

6.2.1.13   Initiative 13 – Onboarding to Statewide Service Offerings

Onboarding to statewide service offerings meets DHHS IT Goal 2, IT Objectives 1 and 2. By participating in enterprise service offerings (e.g., Enterprise Active Directory Service (EADS), which DHHS is onboarding now), DHHS participates in collaboration for ONE IT, with an eye to accelerating consumer orientation and delivering efficient operations. Discontinuing redundant services at the agency level and participating in statewide services offerings can increase the economies of scale that can be realized by all state agencies.

6.2.2 Objective 2

Expand, upgrade or replace IT infrastructure.

6.2.2.1   Initiative 2 – DHHS IT Infrastructure Installation and Upgrades

The DHHS Infrastructure Installation and Upgrades initiative meets DHHS IT Goal 2, IT Objective 2. Balancing innovation and risk, expansion, upgrading and replacement of DHHS' IT infrastructure will continue to include the deployment of wireless, virtual server, virtual desktop interface (VDI), and cloud computing technologies, as well as the replacement of IT infrastructure that has reached end of life/end of support.

The following IT projects have been identified for this initiative:

- Replacement Cherry Hospital / IT Infrastructure – The TCO for this project is $26,203,313, and the effort is state funded.
- Replacement Broughton Hospitals / IT Infrastructure – The TCO for this project is $27,472,864, and the effort is state funded.
- DMH/DSOHF Facility IT Network Infrastructure Upgrade – The TCO for this project is $1,612,472, and the effort is state funded.

- DHHS Disability Determination Services (DDS) Section – Telephony Upgrade – The TCO for this project is $3,497,838, and the effort is funded through a federal grant.

6.2.2.2   Initiative 2 – Onboarding to Statewide Service Offerings

See Section 6.2.1.13 for details about this initiative.

6.3 GOAL 3

Maximize cost avoidance by providing cost effective technical solutions, eliminating redundancy and implementing an enterprise approach to IT solutions across the Department.

6.3.1 Objective 1

Leverage IT to support business process improvement.

6.3.1.1 Initiative 1 – NC FAST

See Section 6.1.1.1 for details about this initiative.

6.3.1.2 Initiative 2 – DHHS Business Electronic Access Management

See Section 6.1.1.2 for more details about this initiative.

6.3.1.3 Initiative 3 – Division of State Operated Healthcare Facilities (DSOHF) Automated Timekeeping in State Facilities

The DSOHF Automated Timekeeping in State Facilities initiative meets DHHS IT Goal 3, Objective 1. The manual process used by the facilities needs to be automated to improve accountability, efficiency and accuracy of timekeeping. An automated timekeeping system would provide detailed time information for each facility that is needed to manage the overall operational fiscal budget. An automated system will also improve leave of absences (i.e., Family Medical Leave, Family Illness Leave, Short-term Disability), chain of controls and the approval process of all timekeeping-related activities. This will reduce or eliminate leave premium labor costs, paper costs and unscheduled staff labor hours. While balancing innovation and risk, the automated timekeeping solution will accelerate the consumer orientation and ensure DHHS' ability to deliver efficient operations.

This project will require the procurement of software as well as implementation and operations and maintenance support services as well as hardware. Application hosting will be provided by the vendor.

The TCO for this effort is $5,483,557 and the effort is funded through state funds.

6.3.1.4 Initiative 4 – State Operated Facilities Electronic Health Record/Electronic Medical Record (EHR/EMR) – Veterans Health Information Systems and Technology Architecture (VistA)

The State Operated Facilities EHR/EMR –VistA initiative meets DHHS IT Goal 3, Objective 1. DHHS has implemented the Pharmacy, Medication Administration, and Laboratory modules of open-source VistA system at the Central Regional Hospital

(CRH). To further the delivery of efficient operations, the Department is planning to expand its implementation of VistA to the other state operated healthcare facilities, starting with the psychiatric hospitals and alcohol and drug abuse treatment centers (ADATCs). The initiative will implement a vendor-provided version of the software that is based on the federal open-source core (i.e., developed by the U.S. Department of Veterans Affairs (VA), and available for no cost via the Freedom of Information Act), but that provides an enhanced graphical user interface (GUI), thereby accelerating consumer orientation. VistA will interoperate with the existing Healthcare Enterprise Accounts Receivable and Tracking System (HEARTS)—used to track healthcare facility admissions, discharges and transfers as well as billing—to serve as the EHR/EMR for the DHHS state operated facilities. VistA implementation will be expanded to the state operated neuro-medical treatment centers (NMTCs) and developmental centers via a separate initiative.

Currently the hospitals and facilities have separate instances of a pharmacy software application that is out of date with the security and architecture standards that govern systems within the State infrastructure. An effort is currently underway to consolidate individual contracts and update the software to the latest version. DHHS' goal is to integrate the pharmacy application into an enterprise EHR/EMR for all hospitals and facilities. In the interim, DHHS is working with the current pharmacy vendor to bring the application into compliance with the state architecture and security standards. If the current pharmacy vendor cannot bring the application into compliance, DHHS will proceed with the issuance of a competitive RFP to procure a compliant pharmacy solution. To prepare for this possibility, DSOHF will also issue a Request for Information (RFI) to survey the vendor community for alternative pharmacy solutions that meet the long-term business needs.

Expected outcomes for the State Operated Facilities EHR/EMR –VistA initiative are to move from a complete paper chart and patient record system to a fully automated EHR; standardized applications for pharmacy, radiology and behavioral health systems; and consistent application support. Success criteria includes:

- Automated doctor orders tied to patient admissions and treatments.
- Increased patient safety record.
- Reduced medicine administration errors.
- Reduced doctor order errors.

This initiative will require the procurement of a vendor-provided GUI for the open-source core software, and vendor integration and O&M support services. Hosting will be at each psychiatric hospital, and the cost of hardware has been factored into the IT infrastructure project for each replacement hospital (i.e., CRH, and the new Cherry and Broughton Hospitals).

The TCO for this initiative is $2.6M. One-time implementation costs for implementing VistA at the psychiatric hospitals will be funded by state funds provided for Mental Health State Facilities Automation. Operational costs for on-going maintenance and support will come from each facility's operational funds. An expansion budget request is planned to fund implementation at the ADATC facilities.

6.3.1.5 Initiative 5 – Quality Improvement and Risk Prevention
See Section 6.1.1.4 for more details about this initiative.

6.3.1.6 Initiative 6 – Workforce Online Reporting and Knowledge System
See Section 6.1.1.6 for more details about this initiative.

6.3.1.7 Initiative 7 – DHSR Business Process Automation System
See Section 6.1.1.7 for more details about this initiative.

6.3.1.8 Initiative 8 –DMA Data Governance
See Section 6.2.1.10 for more details about this initiative.

7 DHHS IT ORGANIZATIONAL STRUCTURE (REPORTING STRUCTURE)

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                          │   Joe Cooper-DHHS CIO     │
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                                        │        │  Jennifer Braley    │
                                        │        │ Executive Assistant │
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| Angeline Sligh-NCTracks Claim Processing | Darryl Meeks-HIT Director | Karen Tomczak-DIRM Director | Pyreddy Reddy - Privacy and Security Officer | Angela Taylor – NC FAST IT Director | Reese Edgington – Project Management Office Director |
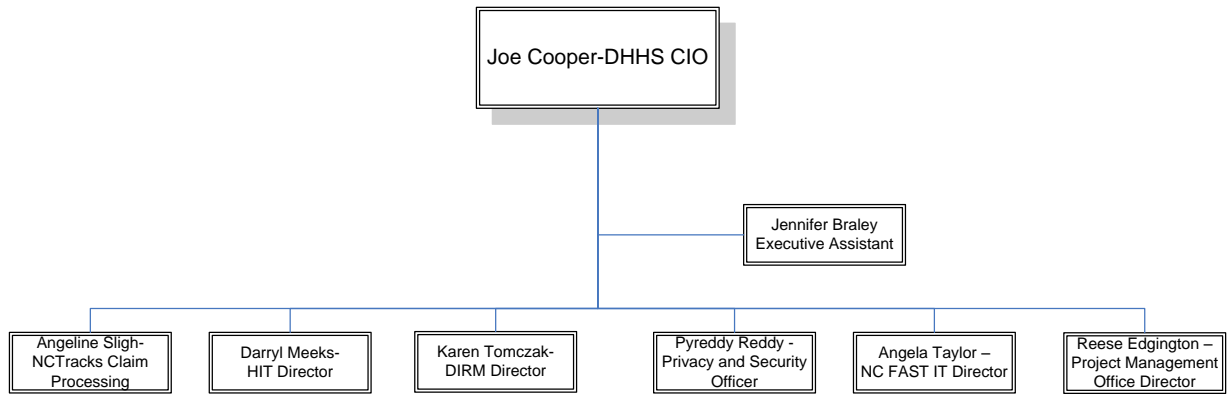
8   ADDITIONAL AGENCY REQUIREMENTS

8.1 INNOVATIVE FUNDING SOLUTIONS

DHHS will work with state and federal partners to identify ways to maximize federal funding streams.

8.2 OPPORTUNITIES FOR STATEWIDE INITIATIVES

DHHS has identified the following efforts as opportunities for statewide initiatives:

- **Background Checks** – DHHS has many programs that have a need to conduct background checks on applicants and recipients of public assistance and providers or employees of providers (e.g., Medicaid providers, child care facilities, and prospective long-term care employees). This need is shared by other state agencies.
- **Case Management** – Per state mandate, DHHS has created a centralized case management solution, NC FAST. The framework and technology upon which NC FAST is built upon could be leveraged for use by other state agencies to meet case management requirements.
- **Multi-factor Authentication** – The state has a need for centralized biometric and/or smart card technology to assist with authentication needs for recipients of services supplied to N.C. citizens such as driver's licenses and public assistance. Currently the State of North Carolina, MorphoTrust and a team of carefully selected partners will collaborate to test a driver license equivalent proof-of-identity for online transactions. The team will focus on a use case for the Food and Nutrition Services (FNS) program operated by DHHS. FNS applicants choosing to participate in the pilot will create an Electronic ID (eID) using their existing North Carolina driver license or state ID to establish a trusted identity, meeting the same requirements as the traditional in-person identity verification during the application process. These applicants will use a combination of standard mobile devices (i.e., iPhone and Android app), their driver license/state-ID and an electronic photo verification linking them to the photo on record at the N.C. Department of Transportation (DOT). The outcome of this proof-of-concept initiative will inform the feasibility of adopting this technology statewide.
- **Telemedicine** – The N.C. DHHS Office of Rural Health and Community Care is working in partnership with the East Carolina University (ECU) Center for Telemedicine to develop a telepsychiatry program. Centralization of telemedicine services could be beneficial to other state agencies needing to distribute/administer medical services throughout the state.
- **Document Management** – DHHS, along with most other state agencies, has a need to modernize document management. A comprehensive solution that addresses scanning, storage and electronic document management will be

instrumental in saving state agency workforce hours and costs for other resources (e.g., paper, copiers and associated supplies, distribution, and storage).

Appendix A: List of Major IT Projects

This purpose of this section is to provide list of major IT projects and applications (>$250,000) that are in progress or planned in this biennium. The table below maps each project to overall goals and objectives.

Project Name	Short Description	Related Goals and Objectives	Summary of Anticipated Benefits	Approximate Timeframe
DHHS DDS Section – Telephony Upgrade	Upgrade existing Developmental Disabilities Section telephony platform to the Enterprise – IP Telephony platform (EIPT) offered by OITS.	Goal 2, Objective 2	Replacement of outdated and unsupported telephony systems. Approximately $4,448,247 in operational or other savings, and $489,669 in avoided costs over SFYs 2015 through 2020. Total benefits $4,937,916.	6/30/2015
DMH/DSOHF Facility IT Network Infrastructure Upgrade	Modernize the core network infrastructure in all state operated facilities, and install equipment needed to upgrade to the state mandated Enterprise Active Directory Service (EADS).	Goal 2, Objective 2	Support any existing and new business clinical applications that will provide improved efficiencies and communication capabilities for facility staff on a day-to-day basis. Adherence to state policies and implementation of EADS. Support and ensure the safety of patients and facility staff. Reduced labor cost and overtime related to IT and facility staff downtime associated with IT infrastructure failures. Approximately $2,500,000 in avoided costs over SFYs 2015 through 2020.	4/30/2015

Project Name	Short Description	Related Goals and Objectives	Summary of Anticipated Benefits	Approximate Timeframe
International Classification of Diseases – 10 (ICD-10)	Compliance with federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements for standard diagnosis and procedure codes used in electronic transactions.	Goal 1, Objective 1	Compliance of impacted DHHS IT systems to the requirements of the federally mandated ICD-10 features and functionality. Increased sophistication with diagnosis related grouping (DRG) and reimbursement methodologies enhancing accurate payment for health services rendered. Enhanced clinical condition description and code specificity. Improved ability to measure quality of health care, complications and clinical outcomes. Supports the transition to an interoperable health data exchange positively affecting the quality and usability of information.	10/30/2015
DHHS DSOHF Automated Timekeeping in State Facilities	Establish an automated timekeeping system in state operated healthcare facilities.	Goal 3, Objective 1	Improve accountability, efficiency and accuracy of timekeeping. Provide detailed time information for each facility that is needed to manage the overall operational fiscal budget Improve leave of absences chain of controls and the approval process of all timekeeping-related activities. Approximately $21,993,273 in operational or other savings over SFYs 2015 through 2017.	7/31/2015
DHHS Broughton Hospital Replacement / Infrastructure Project	Deliver a modern IT infrastructure that will support any existing and new business clinical applications.	Goal 2, Objective 2	Support any existing and new business clinical applications that will provide improved efficiencies and communication capabilities for facility staff on a day-to-day basis. Support and ensure the safety of patients and facility staff. Approximately $26,781,586 in avoided costs, and $6,785,681 in other monetary benefits that totals to $33,567,267.	7/31/2016

Project Name	Short Description	Related Goals and Objectives	Summary of Anticipated Benefits	Approximate Timeframe
DHHS Cherry Hospital Replacement / Infrastructure Project	Deliver a modern IT infrastructure that will support any existing and new business clinical applications.	Goal 2, Objective 2	Support any existing and new business clinical applications that will provide improved efficiencies and communication capabilities for facility staff on a day-to-day basis. Support and ensure the safety of patients and facility staff. Approximately $19,727,334 in operational and other savings, and $12,411,600 in avoided costs.	7/31/2014
DHHS – Health Information System (HIS) Meaningful Use	Implement changes to the primary IT system used by local and state public health service providers and Division of Public Health (DPH) management for compliance with Stage 2 of Meaningful Use. These requirements are necessary to comply with federal mandate to receive full payment allowed by CMS, or penalties will be incurred (Medicare providers only).	Goal 1, Objective 1	Fully integrated automated orders, electronic prescription that includes drug-drug allergy capability, and a patient portal for secure communication with the patient's provider. Certified EHR that meets federal requirements. Approximately $9,547,000 in other monetary benefits.	7/31/2015
DHHS DMA - PCS Business Process Automation - VieBridge Independent Assessment (IA) Function	The goal of the project is to develop and implement a web-based independent assessment workflow and associated tools that supports the new Medicaid personal care services program and meets federal and state requirements.	Goal 1, Objective 1 Goal 2, Objective 1 Goal 3, Objective 1	Consolidated the multiple Medicaid–funded PCS programs into a consolidated program that will address federal and state mandates/directives state while achieving operational efficiencies. Reduced risk resulting from subjective analysis by providing a method by which assessments are conducted automatically and consistently. Approximately $4,072,680 in operational or other savings, and $6,750,000 in other monetary benefits over SFYs 2013 through 2017. Total benefits $10,822,680.	6/30/2015

Project Name	Short Description	Related Goals and Objectives	Summary of Anticipated Benefits	Approximate Timeframe
VieBridge Home and Community Based Services (HCBS)	Centralize the administrative functions of multiple HCBS programs and facilitate required quality improvement. Related to the DHHS DMA - PCS Business Process Automation - VieBridge Independent Assessment (IA) Function project.	Goal 1, Objective 1	Compliance with federal and state requirements. Reduction in over-utilization of waiver services and reimbursement of Medicaid claims. Automation frees staff to process more tasks. Increased efficiency of data. Real-time access to provider and beneficiary eligibility and authorization of services. Approximately $306,778 over SFYs 2014 through 2018 in cost avoidance for avoidance of penalties, including the loss of state and federal funds due to noncompliance.	TBD – initial planning is underway
DHHS Business Electronic Access Management (BEAM) Project	Implement a comprehensive and integrated disabilities client management solution that includes authorization processing, invoice processing and compliance with federal Rehabilitation Services Administration (RSA) and other requirements.	Goal 1, Objective 1 Goal 2, Objective 1 Goal 3, Objective 1	Implement a web-accessible client data and management solution, along with related optional technical, operational and maintenance support services. Compliance with state mandates. Improved customer service. Approximately $784,000 in operational or other savings, and $7,500,000 in avoided costs over SFYs 2015 and 2016. $4,142,000 in benefits for SFYs 2017, 2018, and 2019. The total benefits from SFY 2015 through 2019 is $20,710,000.	10/31/2014
NC FAST Case Management (CM) Program Level Project	The purpose of this project is to budget and track program-level service expenditures for the NC FAST Program.	Goal 1, Objective 1 Goal 2, Objective 1 Goal 3, Objective 1	Replace 19 disparate county Child Welfare legacy systems to improve the way DHHS and the county social services agencies provide public assistance benefits and services to the people of North Carolina. Approximately $1,247,256,869 in avoided costs, and $54,857,372 in other monetary benefits.	6/30/2017

Project Name	Short Description	Related Goals and Objectives	Summary of Anticipated Benefits	Approximate Timeframe
NC FAST - CM Medicaid P2 & P6 (EIS Replacement)	Replace the legacy systems used for Medicaid, Work First, Special Assistance and Refugee Assistance eligibility determination into the consolidated NC FAST Case Management system.	Goal 1, Objective 1 Goal 2, Objective 1 Goal 3, Objective 1	All of the benefits associated with this project are accounted for in the NC FAST Case Management Program Level Project.	2/28/2015
NC FAST - Project 7 - Federal Facilitated Exchange Interoperability	The Department of Health and Human Services shall ensure that the NC FAST IT system can provide Medicaid eligibility determinations for the federally facilitated Health Benefit Exchange that will operate in North Carolina as required by the Affordable Care Act (ACA).	Goal 1, Objective 1 Goal 2, Objective 1 Goal 3, Objective 1	All of the benefits associated with this project are accounted for in the NC FAST Case Management Program Level Project.	11/30/2015
DHSR Business Process Automation System (BPAS) Project	Implement an IT solution that will support business functions in the Division of Health Service Regulation (DHSR) as well as critical processes within several business areas of Medicaid (e.g., provider enrollment, credentialing, and claims payment).	Goal 1, Objective 1 Goal 2, Objective 1 Goal 3, Objective 1	Implement an IT system that supports DHSR and Medicaid business functions. Approximately $5,181,476 in operational or other savings, and $731,171 in avoided costs.	10/31/2014

Project Name	Short Description	Related Goals and Objectives	Summary of Anticipated Benefits	Approximate Timeframe
Vital Records Automation	Automate the manual death registration and reporting process.	Goal 1, Objective 1 Goal 2, Objective 1	Increase revenue from submission of death data to Social Security Administration. Prevent the loss of death data revenue from federal contracts. Meet federal requirements in the timeliness and accuracy in reporting death data. Increase the timeliness to register a death from 60-80 days to seven days. Reduce Vital Records staff costs. Provide opportunities to increase revenue from death certificate issuance if a centralized electronic system is mandated for statewide use. Provide citizens with more timely access to certified copies of death certificates. Increase security of personal data and reduce fraudulent benefits in government programs (i.e., Social Security and Medicaid benefits). Prevent issuance of fraudulent driver's licenses, voter identification and passports. Provide timely and accurate data to improve North Carolina's mortality rates. Avoid one-time vault costs to store paper records in 2017.	TBD – initial planning is underway

Project Name	Short Description	Related Goals and Objectives	Summary of Anticipated Benefits	Approximate Timeframe
DHHS DSOHF Pharmacy MC/Plus Upgrade Project	DHHS requested the consolidation of the 10 separate pharmacy system contracts managed at the facilities to a single contract managed by the division. As part of the contract, a software system upgrade is included to upgrade end-of-life Linux to CentOS,	Goal 3, Objective 1	Efficiencies in contract administration and vendor payment by combining ten facility contracts into a single DHHS departmental contract. Eliminate hardware support and maintenance costs. Replace of end-of-life application software. Improve operations. Compliance with federal and state requirements. Approximately $1,204,620 in operational or other savings, and $125,000 in avoided costs from SFYs 2015 through 2019. Total benefits $1,329,620.	2/27/2015
HIV Out of Care (OOC) Database	Build a database from various data sources to identify individuals with HIV that are no longer receiving treatment.	Goal 1, Objective 1 Goal 2, Objective 1	Identification of out of care population to ensure follow up to bring back into care. By assuring access to medication, decrease number of people able to transmit the HIV disease to others. Decrease the number of new cases of HIV disease.	6/30/2017
DPH OCME Medical Examiner Information System (MEIS) Upgrade	Upgrade technology of Medical Examiner Information System.	Goal 1, Objective 1 Goal 2, Objective 1	Replace outdated technology. Expand access to MEIS system to regional medical examiners and public inquiry. Simplify billing simplification.	TBD – initial planning is in progress
Quality Improvement and Risk Prevention	Replace the current Patient Incident Management application with an automated system to address Quality Improvement, Performance Improvement, and Risk Management in the state operated psychiatric hospitals.	Goal 1, Objective 1 Goal 2, Objective 1 Goal 3, Objective 1	Standardized patient safety and incident monitoring system that meets the national best practices for these areas. Improved incident monitoring and patient safety.	Project Initiation scheduled for July 2015

Project Name	Short Description	Related Goals and Objectives	Summary of Anticipated Benefits	Approximate Timeframe
DHHS – DCDEE Child Care Workforce Registry	Streamline and modernize process for evaluating qualifications for professional certification, processing criminal record checks, evaluation of pre/in-service training completion and monitoring of additional workforce rules and professional development requirements as they relate to child care licensing.	Goal 1, Objective 1 Goal 2, Objective 1	Increase the efficiency with which state staff can process applications, including evaluating child care teacher education and running background checks. Facilitate teacher hiring and clear licensing requirements through: a) Shared records for each applicant b) Automated registry searching/data queries c) Numerous notifications d) Generation of pre-filled forms e) Elimination of most paper letters and reports Approximately $1,100,000 operational savings for SFYs 2016 through 2021.	3/31/2016

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